SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (IN FUII) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIA	AN PAC					
Full Name (Last, First, Middle Initial) Leonard Soloniuk MD	Date of Receipt						
Mailing Address 2111 Airpark Dr.	09 03 2015						
City	State Zip Code	Transaction ID : SA11AI.11668					
Redding	CA 96001	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	5000.00					
Name of Employer	Occupation	Contribution					
Soloniuk Clinic	Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	riggiogate real to Date ▼	1					
Other (specify) ▼	5000.00						
Full Name (Last, First, Middle Initial) Daniel Southern	Date of Receipt						
Mailing Address 226 White Street	Mailing Address 226 White Street						
City	City State Zip Code						
Danbury	CT 06810	Transaction ID : SA11AI.11728 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	365.00					
Name of Employer	Contribution						
Danburry Orthopedics	Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	365.00						
Full Name (Last, First, Middle Initial)	1	Date of Receipt					
Mailing Address 17573 Middle Lake Dr.	11 19 2015						
City	Transaction ID : SA11AI.11706						
Boca Raton	FL 33496	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	365.00					
Name of Employer	Contribution						
Self							
Receipt For:	•						
Primary General		1					
Other (specify) ▼	365.00						
)	5730.00					